

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
www.mh.alabama.gov

May 25, 2021

RFP #2022-04
Revision 1

Dear Vendor:

The Alabama Department of Mental Health (ADMH) is soliciting proposals for Preadmission Screening Resident Review (**PASRR**) **Evaluations**. Request for Proposals (RFP) will be accepted until **2:00 pm on Thursday, June 24, 2021. Extended to July 1, 2021.**

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent. **Any contract obtained from this RFP will start on October 1.**

When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

AL Department of Mental Health
Office of Contracts & Purchasing
100 North Union Street, Suite 570
Montgomery, AL 36104

MAILING NOTE: Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

Sincerely,

Cedric Harrison

Cedric Harrison, Purchasing Director
Office of Contracts & Purchasing

Organization: ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH)

RFP Closing Date & Time: **2:00 pm on Thursday, June 24, 2021. Extended to July 1, 2021.**
Review the mailing note.

RFP Contact Info: Leola Rogers
ADMH
Office of Contracts & Purchasing
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104
Telephone Number (334) 353-7440
Email: leola.rogers@mh.alabama.gov

MAILING NOTE:

Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

ADDITIONAL INFORMATION

1. Who **may not** respond to this RFP? Staffing agencies, Employees of DMH, and current State employees
2. In order to transact business in the State of Alabama all businesses domestic and foreign must be registered with the Alabama Secretary of State Office. (Domestic means within the State of Alabama. Foreign means out-of-state.) Website: www.sos.alabama.gov
3. If contracted with the State of Alabama, all vendors must enroll and actively participate in E-Verify. Website: <https://www.e-verify.gov/>
4. All vendors must register with STAARS Vendor Self Service. Website: <https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService>
5. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.

SCHEDULE OF EVENTS

RFP 2022-04 PASRR Evaluations

The following RFP Schedule of Events represents the ADMH's best estimate of the schedule that shall be followed. *Except for the deadlines associated with the vendor question and answer periods and the proposal due date, the other dates provided in the schedule are estimates.* ADMH reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be posted on the RFP website at www.mh.alabama.gov for review. All times are in Central Time.

Date	Item	Methods
May 25, 2021	RFP Release	USPS, ADMH Website, and STAARs website
June 2, 2021 by 2:00 pm	Deadline to submit RFP questions or requests for clarification in Word	Email to leola.rogers@mh.alabama.gov
June 8, 2021 June 14, 2021	RFP Q&A to be posted for review	ADMH website www.mh.alabama.gov
June 24, 2021 Extended to July 1, 2021 2:00 pm	RFP Submissions: Two copies: 1 original & 1 electronic copy on a thumb drive	USPS or FedEx or UPS (Review mailing note)
June 24, 2021 Extended to July 1, 2021 2:00 pm	RFP Closing Date	USPS or FedEx or UPS (Review mailing note)
August 16, 2021 Approximately	Notification of selection status	USPS (In writing)
Submit RFP Responses To: AL Department of Mental Health Office of Contracts & Purchasing RSA Union Building 100 N. Union Street, Suite 570 Montgomery, AL 36104		

RFP CONTACT PAGE

RFP 2022-04	
Vendor's Legal Name	
Street Address	
City, State & Zip Code	
Contact Person	
Contact Phone #	

The Alabama Department of Mental Health (DMH) is seeking qualified firms/individuals to conduct and/or arrange statewide Preadmission Screening Resident Review (**PASRR**) Evaluations for applicants and residents of Medicaid certified nursing homes in Alabama.

SECTION I

GENERAL INFORMATION

I. INTRODUCTION

This section is designed to provide the responders with the Department of Mental Health's expectations of contract and proposal compliance with this RFP. Section IV in combination with Sections V and VI should strengthen the responder's overall understanding of Alabama's Preadmission Screening Resident Review (**PASRR**) operations as well as all program requirements for proposal evaluation and contract compliance.

II. STATEMENT OF WORK

In accordance with Public Law 100-203 and the Omnibus Budget Reconciliation Act (OBRA) of 1987, the Alabama Department of Mental Health (DMH) implemented a Preadmission Screening Annual Resident Review (PASARR) program on January 1, 1989. This administrative program is responsible for ensuring that all individuals applying to or residing in Medicaid certified nursing facilities in Alabama are screened for mental illness and/or intellectual disabilities/related conditions.

If such a diagnosis is suspected, a Clinical Review is conducted on every referral to establish the presence/absence of serious mental illness, intellectual disability or related conditions. If these diagnoses are confirmed, a more extensive evaluation (Level II) is conducted to: 1) determine if specialized services are needed for the confirmed condition and 2) determine if the individual meets established medical criteria for nursing facility level of care and 3) determine if the nursing facility is the most appropriate and least restrictive environment for the individual.

Individuals with confirmed primary diagnoses of Dementia, Alzheimer's disease or Major Neurocognitive Disorder are exempt from any further screening or evaluation once the diagnosis is confirmed as primary and there is no presence of an Intellectual Disability/Related Condition. Note: The term, "Organic" is no longer valid as a diagnosis (Reference: DSM-IV, "Delirium, Dementia, and Amnesic and Other Cognitive Disorders"). Evaluations that either confirm a primary diagnosis of Dementia or confirm that there is no mental illness (including, but not limited to, DSM-IV 293.89 -Anxiety due to a Generalized Medical Condition) or no intellectual disability/related condition or no mental illness indicators are required to be stopped at the Clinical Review stage. Primary Dementia cases are free from further screening unless the mental illness becomes primary or a new mental illness is diagnosed.

Evaluations are expected to be scheduled and conducted with the least possible amount of disruption to the individual applicant or resident. The Clinical Review process for applicants and residents of nursing facilities are required to be completed within two working days from the date of the referral unless medical circumstances are warranted pertaining to the patient and the Clinical Review process. Level II evaluations and determinations for applicants to and residents of nursing facilities are required to be completed within seven (7) working days from the date of the Level I determination. Updates/significant changes and convalescent care categoricals are reported to the OBRA PASRR Office by nursing facilities and/or hospitals and are conducted as Partial Review evaluations to be completed in seven (7) working days from the date of the Level I determination unless otherwise instructed by the OBRA PASRR Director or the Assistant Director in the Director's absence. The Alabama DMH and other designated agencies, as appropriate, are responsible for providing/arranging specialized services for those nursing home residents who are determined to need such services.

Any nursing facility applicant or resident who feels adversely affected by PASRR has the right to appeal. All applicants and residents or guardian/representative (when applicable) are entitled to an explanation of the PASRR findings in a manner and language understandable to the applicant or resident's educational background, cultural background, ethnic origin, and ability to understand. (See Attachment 4, Appeals Process).

III. REQUIREMENTS

The requirements of this Request for Proposals are for an organization to perform professional services, meeting the following objectives:

1. Management of the Clinical Review/Level II evaluation/determination process to include recruitment, training and coordination of Alabama licensed local health professionals to conduct the various components of the evaluations: scheduling, implementation of quality assurance procedures, conducting quality clinical reviews and evaluations in a timely manner, making decisions regarding nursing home eligibility, timely processing and transmittal of evaluations and providing administrative services to DMH. Also, must provide notification and interpretation of the process, findings/results as specified by DMH and communicate the PASRR appeals process to the applicant/resident or representative (if applicable), the nursing facility provider, the discharging hospital (if applicable), and the attending physician.
2. Compliance and cooperation with all requirements, including responsiveness to requests by the OBRA PASRR Director, as well as conformance to any changes initiated by Medicaid, CMS or any subsequent regulations as promulgated through the OBRA PASRR Office. Currently, PASRR has a pending Proposed Rule. When it is finalized, we are uncertain of how it will impact current standards, processes, requirements, evaluations, etc.

Therefore, if necessary to meet Preadmission Screening and Resident Review Program requirements, the contractor must agree to modify any or all of the following: instruments, determinations, evaluations, procedures, reports and reporting systems, timeframes, deadlines, staffing numbers, etc. to conform to the most current Federal and state laws.

In regard to staffing numbers, the responder must have a contingency document that outlines a plan for the seamless and timely management of the Level II Evaluation operations if there are influxes in referrals. A copy of this plan must be included in the proposal.

3. The responder must include in the proposal a copy of the Quality Assurance Checklist/Document that will be utilized by the contractor to ensure that all Level II Report submissions to the OBRA PASRR Office are accurate and complete prior to submission. If submissions are found to be incomplete or inaccurate, the project manager will be required to immediately revisit/revamp their protocols to ensure accurate and complete documentation is submitted.
4. Providing quarterly, bi-annual, yearly & periodic reports and numerical data and summaries as needed and specified by the DMH/OBRA PASRR Director.

IV. GENERAL RESPONSIBILITIES

1. The responder must be available to receive PASRR referrals for evaluations during regular/customary working hours each week (i.e. 8:00 a.m. to 5:00 p.m., Monday through Friday) with the exception of official State holidays as established by the Governor and the Alabama Legislature. The responder must designate and make available a contact person and a “backup” contact person to receive statewide referrals, as well as a staff member to address/clarify any clinical problems relating to a clinical review or an evaluation.
2. The responder must be able to provide evaluations in all counties of the state.
3. The responder must have the capability to provide Telehealth evaluations for all counties of the state on an as needed basis (e.g. Public Health Emergency, etc.) as requested by the OBRA PASRR Office.
4. The responder must be able to provide timely PASRR clinical reviews and evaluations/determinations and administrative services to DMH as specified in this Request for Proposal.
5. The responder must designate an individual with clinical and administrative experience with whom the Director of the OBRA PASRR Office may communicate problems, clarify clinical questions or problems related to the medical criteria or program modification, as needed. Due to possible impact on contract compliance, the person responsible for compliance with the terms of the contract (i.e. contractor) is preferred to be this designated individual.
6. The responder is responsible for assuring the individual nursing facility applicant or resident is personally interviewed/evaluated on an individual “one-on-one” basis and will respect the applicant’s or resident’s right to privacy and dignity. Any special needs/devices should be accommodated appropriately.

7. The responder must agree to modify any or all instruments/processes and/or reports/systems/staffing to conform to the most current Federal and State regulations, laws, requirements, and/or guidelines from the Center for Medicare and Medicaid Services.

V. SPECIFIC CONTRACTOR REQUIREMENTS

A. Clinical Reviews

The Clinical Review is a telephonic interview and determination process to determine the appropriateness of a Level II evaluation. Its purpose is to ensure that unnecessary Level II evaluations are not performed, thus preventing avoidable costs and delays. The contractor will conduct a phone based Clinical Review screen on all referrals received by facsimile from the OBRA PASRR Office. The contractor will affirm or disaffirm listed diagnoses of mental illness, intellectual disability and related conditions. Additionally, they will confirm the presence or absence of a primary diagnosis of Dementia, Alzheimer's disease or Major Neurocognitive Disorder. Dementia exemptions are not applicable for individuals with a diagnosis of an Intellectual Disability or individuals with a primary diagnosis of Mental Illness. The Clinical Review will be conducted by an individual with (2) years of clinical and administrative experience. Qualifications of the clinician, operational procedures, and any related protocols for this process must be included in the proposal. Within the Clinical Review process, the contractor is required to include but not limit to: provide the reviewer with continuous access to a Board Eligible Psychiatrist with five (5) years of experience and a developmental specialist for any needed consultation, provide an outcome reporting system, provide a Quality Improvement (QI) process to evaluate defensibility of decisions made through the Clinical Review process; the process must evaluate the basis of the Level II decisions as well as any corrective action plans to prevent inappropriate referrals and have a toll-free number for providers to access the contractor. The Clinical Review will be a written determination with a rationale explaining the findings and will be faxed immediately to the referral source. The contractor will complete the Clinical Review within two (2) working days of the referral date unless medical circumstances are warranted pertaining to the patient and the Clinical Review process.

B. Level II Referrals

1. The contractor will perform onsite visit Level II evaluations/determinations on referrals indicated through the Clinical Review process. The Level II evaluation will be conducted by Alabama licensed local health professionals. For evaluations of individuals with ID/RC, the licensed clinician must be qualified under AL code to administer cognitive and adaptive test protocols. Assessors, their disciplines, and any additional staffing and recruitment plan must be identified.
2. The contractor will make the final determination on all mental illness evaluations, using a Board Eligible Psychiatrist with five (5) years' experience or a Qualified Mental Health Professional with three (3) years' experience in an MI setting with access for consultation to a Board Eligible Psychiatrist who has five (5) years' experience.

The contractor will make the final determination on all Intellectual Disability evaluations using a Qualified Intellectual Disability Professional with three (3) years' experience in an intellectual disability setting. Evaluations must be summarized by an evaluative report format compliant with report requirements detailed in section 483.128 (I) of the final PASRR rules. This summary of findings report must make determinations regarding the individual's medical eligibility status based on criteria developed by DMH and the Medicaid Agency.

3. The Level II determination will be a written determination indicating the following: MI and/or ID/RC diagnosis, medical criteria, need for specialized services, least restrictive environment analysis, and a rationale explaining the findings. The contractor will complete the Level II process within seven (7) working days of the referral date unless otherwise instructed by the OBRA PASRR Director or the Assistant Director in the Director's absence.
4. The contractor will conduct Paper Reviews as assigned by the OBRA PASRR Office on Level II evaluations indicated through the Clinical Review process. These reviews must be completed within seven (7) working days of the referral date unless otherwise instructed by the OBRA PASRR Director or the Assistant Director in the Director's absence. This may occur at a variety of review points (e.g., out of state reviews, following hospitalizations, significant change reviews or as a reconsideration for an appeal). A complete clinical interview is required with the referral source and/or caregiver along with a document-based review of medical records to be obtained by the contractor. The contractor will make the final determination on all mental illness evaluations using a Board Eligible Psychiatrist with five (5) years' experience or a Qualified Mental Health Professional with three (3) years' experience in an MI setting with access for consultation to a Board Eligible Psychiatrist who has five (5) years' experience. The contractor will make the final determination on all intellectual disability evaluations using a Qualified Intellectual Disability Professional with three (3) years' experience in an intellectual disability setting.

The contractor will make a final determination regarding eligibility and complete an evaluative report meeting 483.128 (I) requirements for all individuals reviewed through this process. Individuals subject to categorical decisions as provided under 483.130 (d) require completion of an evaluation report meeting requirements described in 483.128 (j).

5. The contractor will make the determination regarding the need for mental health services as well as the medical need for nursing home placement and the final determination on evaluations in which mental health services have been recommended.
6. The contractor will verbally communicate the Clinical Review and the Level II determination to the referral source upon receipt of the determination.
7. The contractor will verify the applicant's location and schedule the evaluation within two (2) working days from the receipt of the referral.

8. The contractor will conduct and submit Level II evaluations/determinations to DMH within seven (7) working days from the date of the referral from the OBRA PASRR Office unless otherwise instructed by the OBRA PASRR Director or the Assistant Director in the Director's.
9. The contractor will submit timely Level II evaluations/determinations to DMH by mail, personal delivery or private delivery service. Faxing evaluations/determinations will not be permitted.
10. Content and documentation of the Level II Evaluations and determinations will be required to meet the minimum final PASRR Federal Regulations and any subsequent changes must be in a format agreed upon by the OBRA PASRR Director.
11. Completeness of evaluations is required. (See *Instrumentation and Protocols*, Subsection V, C.). All portions of the evaluation instrument are required to be completed by qualified staff (See *Recruitment and Training*, Subsection VI). Review and concurrence by required qualified staff is mandatory. Legibility of all evaluation content and documentation is mandatory.
12. The contractor is required to perform coordination procedures with the OBRA PASRR Office which include, but are not limited to, the following:
 - Contractor is required to perform coordination procedures necessary to complete a Clinical Review within a two (2) working day timeframe from the referral date unless medical circumstances are warranted pertaining to the patient and the Clinical Review process.
 - Contractor is required to perform coordination procedures needed to complete a Level II evaluation within a seven (7) working day time frame from the referral date. Contractor will contact and schedule the PASRR evaluation with the designated contact person in advance.
 - Contractor will request any pertinent information from the contact person, and when possible, information should be requested from family members, in addition to the required review of medical records and interview with the individual nursing facility applicant.
 - Contractor will conduct the evaluation in person with applicant/resident in a manner and language understandable to the individual's cultural background, ethnic origin, and means of communication.
 - Contractor is expected to provide interpreters or make arrangements for the participation of interpreters, if needed, to conduct evaluations for individuals who are sight, speech and/or hearing impaired or who do not speak English, at no additional expense to the State.
 - Contractor will receive the evaluations and review them for completeness and required signatures from the evaluators/reviewers.

- Upon receipt of completed evaluations and determinations, the contractor will submit the evaluations to DMH in person or by mail at no additional cost to DMH. DMH is not responsible for providing additional telephone lines or equipment for the timely submission of evaluations. The timely submission of evaluations/determinations is the sole responsibility of the contractor.
- Upon receipt of the determination(s), the contractor forwards required written notifications of the evaluation results to the applicant/resident/representative, referral source, and nursing facility within one working day from receipt of the documentation.
- Contractor will explain/interpret the PASRR process, results, and appeals process (See Attachment 4) with the applicant or his representative, as applicable. The explanation shall be delivered in a manner in which the applicant and/or his representative understand.

VI. SCOPE OF WORK

- A. The responder agrees to conduct Clinical Reviews and Level II evaluations and make determinations in a timely manner for all persons identified by the OBRA PASRR Office as having suspected mental illness and/or intellectual disabilities/related conditions. The responder's evaluations and assessment instruments must comply with Public Law 100-203 criteria and those criteria in Title 42: Public Health, Part 483-Requirements for States and Long-Term Care Facilities. The responder shall adopt the assessment instruments to cover any additional assessment requirements or modifications as required by DMH/PASRR Director and any subsequent requirements mandated by the Medicaid Agency or the Center for Medicare and Medicaid Services with no additional charge to DMH.
1. Clinical Reviews/Evaluations will be conducted on both applicants with a suspected diagnosis of MI, ID/RC and residents with a confirmed diagnosis of MI, ID/RC who have demonstrated a significant change in mental health diagnoses, medical conditions, or behaviors. The Level I Form will be forwarded to the successful responder by fax machine (See Attachment 5) on the date the OBRA PASRR Office receives it from the referral source. The responder is responsible for conducting, reviewing, and submitting completed Clinical Review determinations.

If further assessment is needed, the responder is responsible for scheduling, conducting, reviewing, and submitting completed evaluations/determinations within seven working days from the date of the referral. Should an evaluation not be received as required by the OBRA PASRR Office, the successful responder will be penalized by a fifty dollar (\$50.00) fine per evaluation per day. Extenuating circumstances (i.e. Acts of God) will be considered for exemption from this penalty. The PASRR Director or the Assistant Director/Designee in the Director's absence will determine exemptions on a case-by-case basis.

2. Upon completion of the determination findings, the responder is responsible for providing a written copy of the findings to the applicable PASRR stakeholders. Stakeholders include the referral source, discharging hospital, nursing facility, NF applicant or resident and legal guardian. The responder is also responsible for communicating the findings to the referral source, applicant, resident, or guardian in a manner and language understandable to the individual's cultural background, ethnic origin, and means of communication.
3. The responder is responsible for providing a copy of and explaining the appeals process to each applicant, resident, or guardian in a manner and language understandable to the individual's cultural background, ethnic origin, and means of communication.
4. The responder is responsible for identifying and complying with a Quality Improvement (QI) monitoring system and dedicated QI staff to ensure that the integrity and quality of these processes and all requirements specified under 42 CFR Part 483 (Subpart C) are maintained. This will include implementing quality assurance measures. This will also include taking appropriate corrective action for the following: errors, incomplete reviews/evaluations, failure to schedule evaluations, inaccurate explanations of findings and late assessments.

The responder must explain the Quality Improvement Monitoring System to the OBRA PASRR Director. Additionally, the responder will immediately implement appropriate corrective actions if notified by the PASRR Director of problems with the quality of products, processes, or errors.
5. The responder is responsible for periodic reports as specified by the OBRA PASRR Director.
6. The responder is responsible for providing tracking information concerning the progress of a review/evaluation to individuals, facilities, etc., on an as-needed basis.
7. The responder is responsible for ensuring that all reviews/evaluations and communications with the public are conducted in a professional, respectful, and courteous manner.

B. Instrumentation and Protocols

The responder will specify and provide a copy of the proposed instrumentation and protocols to be used to conduct PASRR evaluations and Clinical Reviews. The contractor is further expected to provide the evaluation instruments as approved by DMH in the course of the delivery of contract services.

The responder will submit detailed specifications of the instruments. These specifications will include descriptions of the populations for which the instruments have been designed and tested, the size and the demographic make-up of test populations, the relevant information to be obtained from each instrument, and the reliability and validity of these instruments.

Level II evaluations must be: 1) Accurate and correspond to the person's current functional level; 2) Descriptive (i.e. the presence of diagnosis, numerical test scores, developmental level, note behavioral observations and date of observation, date of onset of condition(s), medical and psychiatric history, prognosis, special incidents, and date and frequency occurred, and potential for dangerousness to self or others; and 3) Written and reported in a format adequate and sufficient for reviewers and hearing officers to interpret. Evaluations should include identification of the evaluators' names, professional titles, the date on which each portion of the evaluation or assessment was administered, and the Applicant/Resident Name, Social Security Number, Date of Birth, Age, and Location of the person evaluated, as well as the name(s) and relationship(s) of other sources.

Assessments must contain the PASRR Evaluation Criteria that is described in 42 CFR Part 483.128. This section states that assessments must be adapted to the cultural background, language, ethnic origin, and means of communication used by the person being assessed.

PASRR/MI: Must include the following data:

1. A comprehensive history and physical examination of the individual. If the history and physical examination are not performed by a physician, then a physician must review and certify the conclusions with a countersignature. Current and relevant assessment information obtained prior to the initiation of the PASRR process may be used (e.g. evaluation of mental and physical status conducted within the past year with no significant change reported in the individual's condition). The following areas must be included (if not previously addressed):
 - Complete medical history,
 - Review of all body systems,
 - Specific evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes; and
 - In case of abnormal findings which are the basis for a nursing facility placement, additional evaluations conducted by appropriate specialist.
2. A comprehensive drug history including, but not limited to, current or immediate past use of medications that could mask systems or mimic mental illness.
3. A psychosocial evaluation of the individual, including current living arrangements, medical, and support systems. If the psychosocial evaluations are not conducted by a licensed social worker, then a licensed social worker must review and concur with the conclusions.

4. A comprehensive psychiatric evaluation including a complete psychiatric history, evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, detailed description of any behavior which is considered to be a danger to self or others, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations. If the psychiatric evaluation is not performed by a physician, then a board eligible or board-certified psychiatrist must review and certify the conclusions with a countersignature.
5. A functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that nursing facility placement is required. The functional assessment must address the following areas: 1) *Self-monitoring of health status*; 2) *Self-administering and scheduling of medical treatment, including medication compliance*; 3) *Self-monitoring of nutritional status*; 4) *Handling of money*; 6) *Dressing appropriately*; and 7) *Grooming*.
6. A summary of all data collected, including but not limited to:
Presence or absence of specified major mental illness and a primary diagnosis of dementia that must be supported by medical evidence. Medical evidence is typically collected from a thorough medical and family history, a physical exam, neurological testing, applicable lab testing and a detailed mental status examination which focuses especially on cognitive functioning and which is performed in the context of a complete neurological. Diagnostic information should be consistent with the Diagnostic and Statistical Manual of Mental Disorders, fourth Edition (DSM-IV) or current edition.
7. **Recommendations concerning the individual's need for specialized services for mental illness.** The state must provide or arrange for the provision of specialized services. Specialized services are disability specific services that are unique to a specific individual. They address individualized needs related to a person's mental illness. Recommendations concerning the individual's need for "other mental health services" of a lesser intensity than inpatient psychiatric treatment (i.e. psychiatric consultation, rehabilitation option services, follow-up services with local mental health centers, etc.)
Recommendations concerning the individual's medical eligibility for nursing facility level of care and specifying which specific medical criteria the individual meets (See Attachment 2, Medical Criteria).
The final determination must be made by a Board Eligible Psychiatrist with five (5) years' experience or a Qualified Mental Health Professional with three (3) years of experience in an MI setting with access to a Board Eligible Psychiatrist with five (5) years' experience for consultation, if needed.

PASRR/ID/RC: Must include the following data:

1. The individual's comprehensive history and physical examination results to identify the following information or specific information that permits a reviewer to assess:

- The individual's medical problems,
- The level of impact these problems have on the individual's independent functioning;
- All current medications used by the individual and the current response of the individual to any prescribed medications in the following drug groups: 1) *Hypnotics*; 2) *Antipsychotics (neuroleptics)*; 3) *Mood stabilizers and Antidepressants*; 4) *Anti-anxiety-sedative agents*; and 5) *Anti-Parkinsonian agents*;
- Self-monitoring of health status, including self-administering and scheduling of medical treatments, self-monitoring of nutritional status, self-help development such as toileting, dressing, grooming, and eating;
- Sensorimotor development such as ambulating, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity;
- Speech and language (communication) development such as expressive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's function capacity, auditory functioning, and extent to which amplification devices (e.g. hearing aid) or a program of amplification can improve the individual's functional capacity;
- Social development such as interpersonal skills, recreation-leisure skills, and relationships with others;
- Academic/Educational development, including functional learning skills;
- Independent living development such as meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to neighborhood, town, city) laundry, housekeeping, shopping, bed making, care of clothing, and orientation skills (for individuals with visual impairments)
- Vocational development, including present vocational skills;
- Affective development such as interest and skills involved with expressing emotions, making judgments, and making independent decisions;

- The presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors and a detailed description of any behavior which includes dangerousness to self or others;
 - Legal competence, including if guardianship has been established or if “full” or “limited” guardianship is needed for the individual making informed decisions regarding PASRR placements and appeals.
2. A licensed psychologist who meets the qualifications of a Qualified Intellectual Disability Professional (QIDP) is required to identify the individual’s intellectual functioning measurement and validate that the individual has intellectual disability or a related condition. All intellectual and adaptive behavioral tests must have been administered within the past **three** years. The evaluation should state the date of the most recent intellectual and adaptive behavioral tests to verify the information is current. If for any reason the tests do not correlate with the individual’s current level of functioning, new testing is required.

If the intellectual and adaptive behavioral assessments are not completed by a licensed psychologist, they must be administered by a licensed clinician qualified under Alabama code to administer cognitive and adaptive test protocols. A licensed psychologist must review, identify, and validate that the individual meets the AAID criteria for Intellectual Disability. Assessors, their disciplines, and any additional staffing and recruitment plan must be identified.

♦“Persons with related conditions” means individuals who have a severe, chronic disability that meets *all* of the following conditions:

*It is attributable to

1. Cerebral Palsy or epilepsy, or
2. Any other condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability, and requires treatment or services similar to those required for these persons. Any other condition includes autism;

*It is manifested before the person reaches age 22;

*It is likely to continue indefinitely; and

*It results in substantial functional limitations in three or more of the following areas of major life activity;

1. Self-care
2. Understanding and use of language
3. Learning
4. Mobility

5. Self-direction
 6. Capacity for independent living
3. A summary of all data collected, including but not limited to:
- Types of intellectual and functional assessments administered, test and functional assessment scores, and dates administered.
 - Confirmation of the presence of intellectual disability/related condition.
 - Recommendations concerning the individual's need for specialized services for intellectual disability (i.e. Residential ADLs, Psychotropic Medication monitoring, On-site Behavior Management, Reading/Writing Skills Training, Speech/Language Training, community Living Skills Training, Specialized Day Training, Community Living Skills Training, Specialized Day Program (geriatric) outside facility, Competitive Employment, Vocational Day Program, Day Program in a Nursing Facility, Social Skills Training, Quantitative Skills Training, Adult Day Program, and/or Other Habilitation Services.
 - Recommendations concerning the individual's medical eligibility for nursing facility level of care and specifying which specific medical criteria the individual meets (See *Attachment 2, Medical Criteria*).

The final determination must be made by a licensed Qualified Intellectual Disability Professional with three (3) years of experience in an ID setting.

PASRR/MI/ID/RC:

The assessments must meet the requirements for both the PASRR/MI and PASRR/ID/RC evaluations but in a consolidated and organized manner. Recommendations cannot be contradictory.

VII. RECRUITMENT AND TRAINING REQUIREMENTS

All evaluators will be thoroughly trained by the contractor regarding the following: PASRR process, federal regulations, state requirements, medical eligibility requirements, DSM-IV and current DSM edition criteria, AAIDD criteria and the PASRR Appeals Process. Evaluators will be trained in the areas of sensitivity, respectfulness, patient and resident rights and the confidentiality of records.

The contractor is responsible for training evaluators that there is "Zero Tolerance" for any type of abuse or discrimination with any of the population that they come into contact within the performance of PASRR services/activities. The contractor is required to recruit and train a sufficient number of qualified evaluators to ensure all minimum evaluation requirements (i.e. assessment completion, timeliness, signatures, etc.) are met.

In addition to the professional qualifications identified in the review and "sign off" of evaluation components (See *Instrumentation and Protocols*, Subsection V, C.), the minimum qualifications for an individual conducting a PASRR/MI assessment/evaluation are: Graduation from a four year college or university with a degree in psychology, social work, or a related field and at least one year's experience in a psychiatric setting **OR** Graduation from an accredited School of Nursing or a BS degree in Nursing with one year's experience in a psychiatric setting. Licensure in the areas of Social Work and Nursing as issued by the respective Alabama boards is required.

Employment of DMH employees by the contractor to conduct evaluations is prohibited per the advisement of the State Ethics Commission. Nursing facility employees are prohibited from conducting Level II evaluations in a facility from which they receive compensation for services (i.e. employment, full or part time).

Evaluator qualifications/credentials must be reviewed and approved by the Director of the OBRA PASRR Office prior to conducting any evaluation. Copies of appropriate licensure should accompany all applications/resumes. If the licensure period should expire during the contract period, ensure that renewal documentation is sent to the Director of the OBRA PASRR Office. Evaluator training should be scheduled on an established basis, in addition to any supplemental training for problem areas or follow-up sessions. A copy of the training agenda is to be submitted to the Director of the OBRA PASRR Office prior to the onset of training. All evaluators are required to undergo training from the contractor and/or his/her designee(s) prior to conducting **any** PASRR evaluations. Training costs are the responsibility of the contractor.

VIII. OTHER PASRR REQUIREMENTS

1. **Aborted Assessments:** In some cases, evaluations will be aborted (stopped/cancelled), beyond the control of the contractor (e.g. quarantine, death, transfer, NF application withdrawn, etc.). The bidder will factor the costs for such aborted assessments in the required price proposal and will not bill DMH/MR for such aborted assessments.

No fee shall be separately payable for aborted assessments. However, all aborted evaluations must be reported, in writing, to the OBRA PASSRR Office.

2. **Halted Assessments:** Evaluations are required to be halted by the contractor for the following reasons:

- Substantiation/confirmation of a primary diagnosis of Dementia, Alzheimer's or Major Neurocognitive Disorder (for **PASRR/MI** only) It must be understood that Level II Evaluators must not exempt cases for "any" evidence of Dementia. For PASRR purposes, a dementia diagnosis cannot be simply declared; it must be supported by substantial medical documentation/evidence.

The following questions must always be answered in the process of determining if dementia is primary over a mental illness **(1) first, is there substantial medical evidence to validate a diagnosis of dementia? And, if so, (2) is there substantial medical evidence to determine that the dementia is primary over the mental illness diagnosis?**

- No evidence of suspected Mental Illness, Related Conditions and/or Intellectual Disability (This includes but is not limited to Mood Disorders Due to a General Medical Condition-DSM-IV 293.83, Substance Related Disorders, etc.).

The contractor is responsible for ensuring that evaluations which meet the above criteria are halted prior to submission to the OBRA PASRR Office in order not to create unnecessary admission delays for new applicants to nursing facilities.

A fifty-dollar (\$50.00) fine will be invoked for each evaluation which is not halted by the contractor who submits an evaluation with documentation of substantiation/confirmation of a primary diagnosis of Dementia, Alzheimer's or Major Neurocognitive Disorder. (for **PASRR/MI** only) or no evidence of suspected Mental Illness/Intellectual Disability/Related Condition.

3. **Special Assessments:** In a small number of cases a more extensive assessment of an individual will be necessary. The contractor will be expected to arrange such assessment. Costs to DMH for these assessments must be requested of and approved in writing by the Director of the OBRA PASRR Office prior to conducting a Special Assessment.
4. **Administrative Services:** The contractor will provide PASRR administrative services to DMH. Such administrative services will include, but may not be limited to:
 - Preparing, reproducing, and mailing PASRR notification, as well as the Appeals process, to applicants/residents or representatives, nursing facilities, referral sources, etc.
 - Annual, Semi-Annual and Quarterly Reports or more frequently if needed, to DMH concerning the number and types of evaluations conducted for a specified reporting period, a breakdown of the results of the evaluations and a printout of all individuals by name, social security number, and name of nursing facility or location who were determined to need specialized services by condition (i.e. MI, ID, MI/ID), as well as the type(s) of specialized services needed.
 - Documentation of problem investigation and resolution. **All** correspondence or documentation pertaining to problem investigation and/or problem resolution must be submitted to the Director of the OBRA PASRR Office. Prompt responsiveness to identified problems is required.
5. **Confidentiality:** The contractor must provide security measures to be followed at all times to ensure the security and confidentiality of all PASRR evaluations. The bidder will describe the security measures to be taken in its bid proposal.
6. **Quality Assurance/Improvement:** The contractor will conduct quality control checks on completed assessments before submitting them to DMH/OBRA PASRR Office. If the OBRA PASRR Director to contact the contractor to report errors, the contractor must immediately implement measures to ensure complete and accurate information is submitted.

The contractor will be responsible for implementing any procedures, including random reviews, necessary to ensure quality products are delivered to DMH/OBRA PASRR Office. A quarterly summary of all quality Assurance/Improvement measures should be submitted to the Director of the OBRA PASRR Office.

7. **Records Retention:** In accordance with federal regulations, the contractor agrees to retain all pertinent records for six (6) years after final payment is made under the contract or any related subcontract. In the event any audit, litigation or other action involving these pertinent records is started before the end of the five year period, the contractor agrees to retain these records until all issues arising out of the action are resolved or until the end of the six (6) year period, whichever is later. The contractor additionally consents to ensure that all subcontracts will contain adequate language to require the same pertinent records retention on the part of subcontractors if the contractor, itself, does not hold these records.
7. **Availability:** The contractor will make itself available to:
- Testify at Appeal Hearings when requested; at the discretion of the judge, virtual participation may be permitted.
 - Attend pertinent training sessions sponsored by the OBRA PASRR Office.
 - Attend scheduled conferences with DMH staff, as requested.
 - Attend audits, if requested.
 - Provide training to DMH staff in the interpretation of the contractor's evaluation instrument, as requested.
 - Attend scheduled and impromptu meetings with DMH and the Alabama Medicaid Agency, as requested. At the discretion of the state, virtual participation may be permitted.

IX. PREFERENCE

Preference will be given to proposals wherein vendor agrees to have an office in Montgomery, Alabama throughout the term of the contract. Preference will be given for proposals wherein vendor has had minimally three (3) years of experience with implementing and/or monitoring a Preadmission Screening Resident Review Program and utilizing all Federal regulations relating to Public Law 100-203 and 42 CFR Part 483 Subpart C.

SECTION II

GENERAL CONDITIONS AND REQUIREMENTS

1. Submission Requirements for Proposals

The Proposal must include the following:

- A. Transmittal Letter:** The Transmittal Letter will be signed by an individual authorized to legally bind the responder. It will state that the responder is a legal entity that will meet the specifications set forth in this RFP.
- B. Executive Summary:** The Executive Summary will condense and highlight the contents of the RFP.
- C. Price Sheet and Certification Statement:** The responder will submit a separate price for each type of evaluation to be performed (Clinical Review, Paper Review, PAS/MI, PAS/ID, PAS/MI/ID/RC, etc.). Each price category is to be firm for the duration of the contract period (i.e. the same price for two contract years). All services, including but not limited to training, duplication costs, postage, personnel, and other administrative services, shall be factored into the price proposal.

The price proposal will not be considered for award unless the price in the proposal contains a signed and notarized statement that proposal pricing was arrived at independently without collusion with any other responder or with any competitor. The total proposal price will include services and requirements as described in this RFP for the total contract period (See Section I, General Information).

- D. Agency Background and Experience:** This section will include details of the background of the responder's agency, its size and resources and details of experience in conducting PASRR evaluations, evaluating individuals for mental illness and intellectual disabilities, and evaluating the geriatric population.
- E. Proposals must be clearly marked "RFP 2022-04 Preadmission Screenings".** All proposals received after the deadline will be deemed late and will not be reviewed. See "**Mailing Note**".
- F.** This section will also guarantee the **responder's agency has adequate finances** to meet programmatic requirements between reimbursements from DMH. The responder must demonstrate evidence of financial soundness and stability (include latest financial audit) which will ensure that Alabama's compliance with P.L. 100-203, OBRA 1987 will not be placed in jeopardy due to any financial difficulties of the responder. A statement of the responder's other business or contractual obligations and a statement of the responder's involvement in litigation that could affect this work must be included.

- G.** To demonstrate the **responder's background, experience**, and financial soundness, each responder must submit three (3) letters of recommendation from individuals/organizations with whom the responder has directly performed similar services to those contained in this RFP. Letters of recommendation must be submitted on the letterhead of the party submitting the recommendation and include a telephone number where the reference source may be contacted. Recommenders and references must be parties who can attest to the responder's experience and performance in similar projects. Recommendations or references must be a professional or organizational nature, citing the services directly provided by the responder for the reference. Personal recommendations and references will not be accepted. Recommendations which are not received as part of the proposal package will be disregarded, as will any correspondence anonymously received. Recommendations and references may be verified. Any misrepresentation by a responder may be grounds for rejection for award consideration.

Proposal Outlines: Although proposals should follow the order specified below, there is no intent to limit the content of proposals and responders may include any additional information deemed pertinent. Emphasis should be in simple, straightforward and concise statements and explain the responder's ability to satisfy the requirements of the RFP.

1. Table of Contents
2. **Contact Page**
3. Transmittal Letter
4. Executive Summary
5. Independent Price Determination and Certification Statement
6. Agency Background and Experience and References
7. Project Understanding
8. Organization and Staffing
9. Organizational Chart
10. Task Plan
11. Instrument(s)

Documentation: Documentation is required to be legible, organized, detailed, neat, and relevant to the PASRR process.

2. Project Requirements

Upon acceptance, each proposal will be evaluated to determine the responder's responsiveness to the RFP, as well as the responder's ability to meet the requirements specified in the RFP. All proposals should thoroughly stipulate the responder's description of the following project requirements/specifications:

- A. Project Understanding:** This section will describe the responder's overall understanding of Public Law 100-203 and PASRR process, including the legislation and the rationale behind the legislation, as well as demonstrating the

responder's familiarity with the requirements, as well as the populations effected by PASRR.

1. The responder will describe their understanding of PASRR including its history.
2. The responder will describe their understanding of the diagnostic criteria to determine the presence of a major mental illness, intellectual disability or a related condition.
3. The responder will describe their understanding of the diagnostic criteria for Dementia, Alzheimer's disease and Major Neurocognitive Disorder and the significance of such diagnoses found in the PASRR process.
4. The responder will describe their understanding of Alabama's medical criteria, including the Alabama Medicaid Agency's position regarding Seizure Disorders in combination with diagnoses of Intellectual Disability/Related Conditions.
5. The responder will describe their understanding of Alabama's Appeal Process and the contractor's role in an appeal.
6. The responder will describe their understanding of project impact on individuals subjected to PASRR.
7. The responder will describe their understanding of the overall role of the contractor in the PASRR process.

B. Project Organization and Staffing: This section will describe in detail the responder's plan for meeting the organization and staffing requirements for this RFP.

1. The responder shall describe in detail the responder's organizational structure including clearly depicted lines of authority and responsibility.
2. The responder shall describe the responsibilities of staff and evaluators, as well as the minimum qualifications of staff and evaluators. Resumes and credentials of all staff and evaluators must be included in the proposal. A clinical staff member should be identified with whom DMH/OBRA Office can address clinical issues.
3. The responder shall describe recruitment and training of staff and evaluators, including the professional qualifications of trainers for specific training topics, which should also be described. A sample agenda of a training session should be included in this section, as well as timelines for recruitment, training, etc.
4. The responder shall describe descriptions of the administrative services and procedures, quality assurance/improvement services and procedures, security/confidentiality measures, and proposed problem resolution measures.
5. The responder shall include an Organizational Chart for meeting the organization and staffing requirements of this RFP.

C. Methodology and Task Plan: This section will describe in detail the responder's plan for meeting the evaluation and explanation/interpretation requirements of this RFP.

1. The responder will describe the proposed plan and the specific procedures to be employed for meeting the requirements of this RFP, including a detailed description of the work to be performed and how it will be executed and how it will be executed within timelines. Also, the responder will identify personnel responsibilities.
2. The responder will include a copy of the proposed evaluation instrument(s) and a description of how the data as required by the federal regulations will be collected. The responder will submit detailed specifications of the populations for which the instruments have been designed and tested. The responder will also include the size and the demographic make-up of the test populations, the relevant information obtained from each instrument, and the reliability of the instruments. The responder will guarantee that all materials and/or instruments will not infringe upon or violate any patent, copyright, trade secret, or other proprietary right of any third party.

III. SELECTION CRITERIA

Selection shall be based on factors to be developed by the procuring state entity which may include among others, the following:

1. Specialized expertise, capabilities, and technical competence as demonstrated by the proposed approach and methodology to meet project requirements
2. Resources available to perform the work, including any specialized services within the specified time limits for the project
3. Record of past performance, quality of work, ability to meet schedules, cost control and contract administration
4. Availability and familiarity with the project location
5. Proposed project management techniques
6. Ability and proven history in handling special project contracts

IV. EVALUATION CRITERIA

Proposals will be evaluated on the basis of their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

1. Experience, stability and reputation – **25 points.**
2. Understanding of and responsiveness to the Request for Proposal – **25 points.**
3. Expertise and knowledge of Preadmission Screening – **25 points.**
4. Project Organization and Staffing – **15 points.**
5. Methodology and Task Plan – **20 points.**
6. Budget – **15 points.**

ATTACHMENT 1

PASRR DATA

FISCAL YEARS 2018-2019, 2019-2020

The following data is the most current numerical data collected for a two-year period. The data reflects the number of PASRR referrals and cost per evaluation.

Evaluation Type	FY 2018-2019		FY 2019-2020	
	# Referred	Cost Per Evaluation	# Referred	Cost Per Evaluation
Clinical Reviews	7,007	\$40	4,693	\$40
PAS MI	950	\$240	441	\$240
PAS ID	150	\$275	52	\$275
PAS DUAL	201	\$285	71	\$285
Partial/Paper Review MI	3,940	\$100	2,748	\$100
Partial/Paper Review ID	213	\$100	158	\$100
Partial/Paper Review Dual	161	\$100	159	\$100
SC-MI (Onsite)	785	\$240	411	\$240
SC-ID (Onsite)	73	\$275	26	\$275
SC-Dual (Onsite)	135	\$285	57	\$285
SC-MI (Partial)	131	\$100	396	\$100
SC-ID (Partial)	25	\$100	26	\$100
SC-Dual (Partial)	51	\$100	91	\$100

ATTACHMENT 2

Admission Criteria

Administrative Code Rule No. 560-X-10-10.

Listed below, but not limited to, are specific services that a resident requires on a regular basis.
(The Resident must meet at least two of the a-k criteria for initial admissions).

- (a) Administration of a potent and dangerous injectable medication and intravenous medication and solutions on a daily basis or administration of routine oral medications, eye drops, or ointment (cannot be counted as a second criterion if used in conjunction with criterion ***k-7***).
- (b) Restorative nursing procedures (such as gait training and bowel and bladder training) in the case of residents who are determined to have restorative potential and can benefit from the training on a daily basis per physician's orders.
- (c) Nasopharyngeal aspiration required for the maintenance of a clear airway.
- (d) Maintenance of tracheostomy, gastrostomy, colostomy, ileostomy, and other tubes indwelling in body cavities as an adjunct to active treatment for rehabilitation of disease for which the stoma was created.
- (e) Administration of tube feedings by nasogastric tube.
- (f) Care of extensive decubitus ulcers or other widespread skin disorders.
- (g) Observation of unstable medical conditions required on a regular and continuing basis that can only be provided by or under the direction of a registered nurse (provide supporting documentation). (Cannot be counted as a second criterion if used in conjunction with criterion ***k-9***).
- (h) Use of oxygen on a regular or continuing basis.
- (i) Application of dressing involving prescription medications and aseptic techniques and/or changing of dressing in non-infected, postoperative, or chronic conditions per physician's orders.
- (j) Comatose resident receiving routine medical treatment.
- (k) Assistance with at least one of the activities of daily living below on an ongoing basis:
 - 1. Transfer - The individual is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others on an ongoing basis (daily or multiple times per week).
 - 2. Mobility - The individual requires physical assistance from another person for mobility on an ongoing basis (daily or multiple times per week). Mobility is defined as the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair if walking is not feasible. The need for a wheelchair, walker, crutch, cane, or other mobility aid shall not by itself be considered to meet this requirement.

3. Eating - The individual requires gastrostomy tube feedings or physical assistance from another person to place food/drink into the mouth. Food preparation, tray set-up, and assistance in cutting up foods shall not be considered to meet this requirement (cannot be used as a second criterion if used in conjunction with criterion **(d)** if the ONLY stoma (opening) is Gastrostomy or PEG tube).
 4. Toileting - The individual requires physical assistance from another person to use the toilet or to perform incontinence care, ostomy care, or indwelling catheter care on an ongoing basis (daily or multiple times per week) (cannot be counted as a second criterion if used in conjunction with criterion **(d)** if used for colostomy, ileostomy, or urostomy).
 5. Expressive and Receptive Communication - The individual is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) using verbal or written language; or the individual is incapable of understanding and following very simple instructions and commands (e.g. how to perform or complete basic activities of daily living such as dressing or bathing) without continual staff intervention.
 6. Orientation - The individual is disoriented to person (e.g., fails to remember own name, or recognize immediate family members) or is disoriented to place (e.g. does not know residence is a Nursing Facility).
 7. Medication Administration - The individual is not mentally or physically capable of self-administering prescribed medications despite the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to individual, and reassurance of the correct dose (cannot be counted as a second criterion if used in conjunction with criterion **a**).
 8. Behavior - The individual requires persistent staff intervention due to an established and persistent pattern of dementia-related behavioral problems (e.g., aggressive physical behavior, disrobing, or repetitive elopement attempts).
 9. Skilled Nursing or Rehabilitative Services - The individual requires daily skilled nursing or rehabilitative services at a greater frequency, duration, or intensity than, for practical purposes, would be provided through a daily home health visit (cannot be counted as a second criterion if used in conjunction with criterion **g**).
- Criterion **k** should reflect the individual's capabilities on an ongoing basis and not isolated, exceptional, or infrequent limitations of function in a generally independent individual who is able to function with minimal supervision or assistance. Multiple criteria checked under **k** will count as one criterion.
 - Medicaid residents who have had no break in institutional care since discharge from a nursing home and residents who are re-admitted will need to meet only one of the a-k criteria.

Please note that the Alabama Medicaid Agency has stated that seizure disorders are considered a related condition if the individual has an intellectual disability. Therefore, seizure disorders are not considered a medical condition unless the seizures are not controlled. Furthermore, medications prescribed for seizures for individuals with an intellectual disability are not considered to meet the first criteria unless the seizures are not controlled.

Additionally, medications prescribed for the treatment of mental illnesses are not considered to meet the medical criteria regarding the administration of medication unless the medication is being prescribed for the treatment of a medical illness (e.g. Thorazine for uncontrollable hiccups).

ATTACHMENT 3

RULES AND REGULATIONS

Go to:

www.access.gpo.gov/nara/cfr/waisidy_05/42cfr483_05.html

- U. S. Department of Health and Human Services and Centers for Medicare & Medicaid Services (CMS).
- 42 CFR Part 483-Requirements for States and Long-Term Care Facilities.
- 42 CFR Part 431-State Organization and General Administration, Subpart E Fair Hearings for Applicants and Recipients.
- 42 CFR Part 433-State Fiscal Administration, Subpart A Federal Matching and General Administration Provisions.
- 42 CFR Part 405-Federal Health Insurance for the Aged and Disabled, Subpart G Reconsiderations and Appeal under Medicare Part A.

ATTACHMENT 4

PREADMISSION SCREENING ANNUAL RESIDENT REVIEW APPEALS PROCESS

P.L. 100-203 requires that persons applying for nursing home admission or residing in a nursing facility as of January 1, 1989, must be screened and evaluated for the need for specialized services for mental illness, intellectual disability or other related conditions. Upon completion of an evaluation, recommendations regarding medical and specialized services are made to a DMH/ID Qualified Mental Health Professional (QMHP) for mental illness or a Qualified Intellectual Disability Professional for Intellectual Disability/Related Conditions. These professionals shall be responsible for the final decision concerning the need for services and the appropriateness of nursing facility placement. If the findings are unacceptable to the applicant/resident, the following procedure is made available to insure a fair and impartial final decision:

1. Notice of Appeal

A person adversely affected by the results of the Preadmission Screening Annual Resident Review Level II evaluation findings may file an appeal for reconsideration within ten (10) days of notification of the findings. Receipt of a notification of appeal shall suspend further action regarding the individual pending completion of the appeals process. The appeal must be filed with the Commissioner of the Department of Mental Health in writing. Within twenty (20) days of the request for an appeal, the appealing party will submit to the Commissioner information which substantiates the reason for the appeal. If such information is not received within the specified time frame, the request for appeal is considered void. Upon receipt of the written request and the substantiating information, the Commissioner will order a Local Evidentiary Hearing for reconsideration of the evaluation findings within fifteen (15) working days and will notify the appealing party in writing.

2. Local Evidentiary Hearing

Hearings shall be informal and conducted by the Commissioner or his designee. The evidence may be presented in writing or in person by the applicant/resident or his/her representative. The hearing will be limited to reconsideration of the decision adversely affecting the applicant. Any expert testimony or other testimony shall be received by affidavit.

3. Findings on Appeal Hearing

After review of submitted evidence or testimony, the Commissioner or his designee will provide the findings of the hearing in writing to the appealing party within ten (10) days of the hearing date. If the applicant/resident continues to feel adversely affected by the evaluation determination and the subsequent decision from the Appeal Hearing, a written request for a Fair Hearing must be received by the Alabama Medicaid Agency within sixty (60) days following the findings of the appeal. **Mail to:** Alabama Medicaid Agency, Long Term Care Project Development/Legal Division, 501 Dexter Avenue, Montgomery, Alabama 36103-5624

ATTACHMENT 5

PLEASE PRINT

STATE OF ALABAMA DEPARTMENT OF MENTAL HEALTH

LTC-14 Rev. 10

LEVEL I SCREENING FOR MENTAL ILLNESS (MI) / INTELLECTUAL DISABILITY (ID) / RELATED CONDITION (RC)

USE FOR MEDICAID CERTIFIED NURSING HOME (NH) ONLY

Name: _____ SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

Name of current residence at time of Level I submission Street address City, State, and Zip County

Check Type of Residence: ☐ NF ☐ Hospital ☐ Home ☐ Assisted Living Facility ☐ Group Home ☐ Other _____

Legal Guardian, If Applicable: _____ Address: _____

Note: Under OBRA '87, any individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$ 5,000 with respect to each assessment.

Referral Source and Title: _____ Date: _____

Place of Employment: _____ Fax #: _____ Phone #: _____

1. Does the individual have a suspected diagnosis or history of an Intellectual Disability or a Related Condition? ☐ Yes ☐ No

1a. Specify.

ID: ☐ Intellectual Disability

Did the ID develop before age 18?

☐ Unknown ☐ Yes ☐ No ☐ N/A

RC: ☐ Autism

Did the Autism develop before age 22?

☐ Unknown ☐ Yes ☐ No ☐ N/A

☐ Cerebral Palsy

Did the Cerebral Palsy develop before age 22?

☐ Unknown ☐ Yes ☐ No ☐ N/A

☐ Epilepsy/Seizure Disorder

Did the Epilepsy/Seizure Disorder develop before age 22?

☐ Unknown ☐ Yes ☐ No ☐ N/A

☐ Other Related Condition:

Did the Other RC develop before age 22?

☐ Unknown ☐ Yes ☐ No ☐ N/A

2. Does the individual have a current, suspected or history of a Major Mental Illness as defined by the Diagnostic & Statistical Manual of Mental Disorders (DSM) current edition? Choose "No" if the person's symptoms are situational or directly related to a medical condition. (e.g. depressive symptoms caused by hyperthyroidism, depression caused by stroke or anxiety due to COPD, these conditions must be documented in the medical records by a physician) ☐ Yes ☐ No

2a. If yes, check the appropriate disorder below.

☐ Schizophrenia ☐ Schizoaffective Disorder ☐ Psychotic Disorder NOS

☐ Major Depression ☐ Depressive Disorder NOS

☐ Dysthymic Disorder

☐ Bipolar Disorder ☐ Generalized Anxiety Disorder ☐ Panic Disorder

☐ PTSD ☐ OCD ☐ Somatoform Disorder ☐ Conversion Disorder

☐ Personality Disorders ☐ Unspecified Mental Disorder

☐ Other Mental Disorder in the DSM _____

2b. Are any of the diagnoses checked on question #2 situational or conditions that are directly related to a medical condition? ☐ Yes ☐ No

(Reminder: If the diagnoses are situational or directly related to a medical condition, do not check these conditions on #2. However, you must ensure that this information is documented in the person's medical records by the physician, for example, depression related to stroke or anxiety due to COPD)

3. Has the individual's "Medical Condition" required the administration or prescription of any anti-depressant, anti-psychotic, and /or anti-anxiety medications within the last 14 days? ☐ Yes ☐ No

3a. If yes, list psychotropic medications for the **Medical Condition** (Do not list PRN medications)

4. Is there a diagnosis of Dementia, Alzheimer's or any related organic disorders? ☐ Yes ☐ No (Note: If yes is checked, Dementia **must** be documented in the medical records by a physician)

4a. If yes, complete the MSE. (If unable to test due to Dementia, enter "0" as a valid MSE score; if unable to

PLEASE PRINT

STATE OF ALABAMA DEPARTMENT OF MENTAL HEALTH
LEVEL I SCREENING FOR MENTAL ILLNESS (MI) / INTELLECTUAL DISABILITY (ID) / RELATED CONDITION (RC)
USE FOR MEDICAID CERTIFIED NURSING HOME (NH) ONLY

LTC-14 Rev. 10

test due to any other condition, check unable to test, and leave MSE score blank)

Provide MSE Score: ____ Check if unable to test: ☐

4b. If #4 is yes, check level of consciousness:
☐ Alert ☐ Drowsy ☐ Stupor ☐ Coma ☐ N/A

4c. If #2 & #4 are yes, which diagnosis is primary?
☐ Dementia ☐ Mental Illness ☐ N/A
(The primary diagnosis must be documented in the medical records as "primary" by a physician)

5. Does the individual's current behavior or recent history within 1 year indicate that they are a danger to self or others?
(Suicidal, self-injurious or combative) ☐ Yes ☐ No

5a. If yes, explain: _____

6. Submission of this Level I is due to one of the following:

☐ New Nursing Facility Admission

(For current NH residents, select **one** of the below Significant Changes):

☐ Medical Improvement

☐ Medical Decline

☐ Mental Illness Improvement

☐ Mental Illness Decline

☐ Behavioral Changes

☐ Short Term to Long Term Stay (only for MI/ID/RC Categorical Convalescent Care Residents)

☐ Mental Health Diagnosis Change (*i.e. New MH diagnosis*)

☐ Previous Level I Incorrect (*For NH use only*)

☐ No Level I and Determination or/and Level II and Determination upon NH admission (*For NH use only*)

7. Select Long Term Care or the applicable Short-Term Care Option:

☐ Long Term Care

Short Term Care with the intent to return to the community after:

☐ Convalescent Care-Applicable for patients with or without MI/ID/RC diagnoses

For MI/ID/RC patients (1) you must have PT and/or OT orders as prescribed by a physician for 5x a week for 120 days or less (2) is not a danger to self or others and (3) must be **currently in the hospital w/ a direct admission into the NH.**

☐ Respite for no more than 7 days & is not a danger to self or others (**Respite is not reimbursed by Medicaid under the NH Program**)

☐ NH admission for an emergency situation requiring protective services by DHR, person cannot be a danger to self or others, if admission will exceed 7 days, the OBRA office must be contacted immediately to prevent non-compliance (**Not applicable if currently in a hospital or other protective environment**)

☐ Other Short-Term Stay (If applicable, persons with MI/ID/RC must have the Level II completed prior to admission)

☐ IV Therapy ☐ Wound Care ☐ Diabetes Care ☐ Home (in community) Convalescent Care

☐ Other (please specify) _____

8. Is this individual terminally ill (life expectancy of six months or less), comatose, ventilator dependent, functioning at brain stem level or diagnosed as having Cerebella Degeneration, Advanced ALS, or Huntington's Disease as certified by an MD?

☐ Yes ☐ No

ATTACHMENT 6



GUY HUNT
Governor

Alabama Medicaid Agency

2500 Foklane Drive
Montgomery, Alabama 36130

November 13, 1991



CAROL A. HERRMANN
Commissioner

TO: Mental Retardation Community Services Director
OBRA Screening Office
Nursing Home Providers

FROM: Alabama Medicaid Agency
Department of Mental Health and Mental Retardation

SUBJECT: Individuals with Mental Retardation Who are Diagnosed with Seizures

Within the last twelve months, some individuals with mental retardation have applied for nursing facility services on the basis of a diagnosis of seizures. In a recent meeting between the Department of Mental Health/Mental Retardation and Medicaid, it was agreed that individuals with mental retardation seeking nursing facility services are not medically eligible if their only medical diagnosis is seizures which are controlled by medication. Seizures that are controlled by medication are defined as those for which anticonvulsant medication is used regularly to prevent or control seizures.

This agreement does not cover individuals with active seizures or seizures with other medical conditions.

If you have any questions concerning this matter, please contact Medicaid or the Division of Mental Retardation, Department of Mental Health/Mental Retardation.